

## **ELECTRONIC PLAN OF CORRECTION**

If you wish to receive your CMS 2567 with statement of deficiencies (SoD) and submit your plan of correction (PoC) electronically, you will need a valid State of Montana *File Transfer Service* account. To sign up, or update an existing account, please visit:

<https://transfer.mt.gov/>

The email address you use to access the *File Transfer Service* is the email address the State Agency (SA) will send correspondence to, so it is vital the information you provide is accurate. Please tell the survey team which email address you'd like to use.

After your survey, the SA will send the Bureau letter, SoD, and a blank template:

NOTE: YELLOW SHADED OR HIGHLIGHTED AREAS ARE THOSE COMPLETED BY FACILITY	
FACILITY & PROVIDER #	
ADMINISTRATOR OR FACILITY CONTACT	
CONTACT NUMBER	
RESPONSE (must include response for all 5 criteria see cover letter that accompanied statement of deficiencies)	
DEFICIENCY or TAG NUMBER:	
1) Address how corrective action will be accomplished for those residents and/or locations found to have been affected by the deficient practice.	1.)
2) Address how the facility will identify other residents and/or locations having the potential to be affected by the same deficient practice.	2.)
3) Address what measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. (e.g. in-service training, use of consultants, physical environment enhancements)	3.)
4) Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The plan of correction must be integrated into the quality assurance system.	4.)
5) Include dates when corrective action will be completed. This date should include any training and other final steps that are required to complete response to deficiency. (Note: Date cannot be same as date on statement of deficiencies or longer than 60 days from date of exit.)	5.)

Open this blank document and type your responses into the appropriate boxes. Address all 5 criteria for each tag cited, making sure all yellow shaded areas are complete. Once you are done, simply send it back to the SA in its original Word format via the *File Transfer Service* to the email address: [MTSSAD@mt.gov](mailto:MTSSAD@mt.gov).

**We can only accept this if it is sent electronically as a Word document. Please do not mail, scan to email, or fax the template.**

Note: We do require the first page of the CMS 2567 be signed and dated. This page can be sent in however you would like.

There are examples on our website: [www.dphhs.mt.gov/certification](http://www.dphhs.mt.gov/certification) under the "Survey And PoC Process" – "Preparing Electronic PoCs" for both Health and LSC.

Questions? Call us (406)444-2099 or email [MTSSAD@mt.gov](mailto:MTSSAD@mt.gov) ~ Thank You!